



Northern Vermont UNIVERSITY

REQUEST FOR INFORMATION FOR EMOTIONAL SUPPORT ANIMAL (ESA)

Student's Name: _____

Proposed ESA:

Type of Animal: _____

Name of Animal: _____

Breed of Animal: _____

Age of Animal: _____

The above-named student has indicated that you are the health care professional (physician, psychiatrist, social worker, mental health worker) who has suggested that having an emotional support animal in the student's assigned campus living quarters, or accompanying them in the Northern Vermont University campus buildings, will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions.

Information Regarding the Student's Disability

(A person with a disability is defined as someone who has a "physical or mental impairment that substantially limits one or more major life activities.")

What is the nature of the student's mental health impairment and how is the student substantially limited?

Does this student require ongoing treatment, and if so, in what form? (Medication, Therapeutic Intervention?)

How long have you been working with the student regarding this mental health diagnosis?

What is the frequency of your interaction with this student and in what capacity?

Information About the Proposed ESA

What symptoms of this student's disability will be reduced by having this ESA?

Have you personally witnessed this student interacting with this animal and Is there evidence that this ESA has helped the student in the past or is currently helping this student? If yes, please state that evidence.

How will this ESA assist this student in accessing their campus residence?

Importance of the ESA to the Student's Well-Being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not provided?

Please be aware that though you are in the process of meeting the requirements for a disability determination and approval for your ESA, the animal is not permitted on campus until all of the process has been completed and you receive notice from the Director of Residence Life of the move in date for your animal.



Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing on campus? (If you have not had this conversation with the student, we will discuss it with the student at a later date)

Do you believe that those responsibilities may exacerbate the student's symptoms in any way? If yes, please explain how.

Thank you for taking the time to complete this form. If we need additional information we may contact you at a later date. We recognize that having an ESA in the campus residence or on campus can be a real benefit for someone with a significant mental disorder, but the practical limitations of our housing arrangements and campus buildings make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide your contact information, sign and date this questionnaire, and return to:

_____ Student Signature _____ Date

NVU-Johnson
Pam Billings
802.635.1214
Pamela.Billings@NorthernVermont.edu

NVU-Lyndon
Denise Moses
802.626.6424
Denise.Moses@NorthernVermont.edu

Printed Name

Signature

License Number

Date

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